## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

			17 TO 18 1
The C/OH Instruction C	GUIDE EXPLAINS how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 4321	2 Total pages this report:
3 CANDIDATE/	TITLE FIRST	Mi	OFFICE USE ONLY
OFFICEHOLDER NAME	Dr. Eugene		Date Received
TW HVIE	NICKNAME LAST	SUFFIX	
	Finke		APR 25
			2 5
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	J 2
OFFICEHOLDER ADDRESS	701 La Cruz Drive		P <sub>P</sub>
	ELD TV 70000		Date Hand-delivered or Date Postmarked
Change of Address	El Paso TX 79902		
5 CAMPAIGN	TITLE FIRST	MI	32
TREASURER NAME	David		Receipt # Amount
INCINIC	NICKNAME LAST	SUFFIX	
	Marcus		Date Processed
			Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE#; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	6090 Surety Drive		
(Residence or business)	Suite 100		
	El Paso TX 79905		
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	( ) -		
THORE			***************************************
8 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 X 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD	Month Day Year	Month Day	Year
COVERED	THROL 04/01/2003	одн 04/23/20(	าจ
	SI SOTION DATE		
10 ELECTION			
	Primary	Runoff	General Special
	05/03/2003	A TOPPIOE COLICIET (if known)	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Other City Council	1
13			
DIRECT CAMPAIGN	<ul> <li>Direct campaign expenditures are campaign expe</li> <li>Candidates are required to disclose this information on</li> </ul>	enditures made by others without the car and if they receive notification of the direc	ndidate's prior consent or approval. ot campaign expenditure.
EXPENDITURE	and MANAGE CO.	", " " " " " " " " " " " " " " " " " "	M. Orani pranger - Tip 2 - 1 - 1
BY OTHER INDIVIDUALS	Name		
INDIVIDUALS			
	Address/PO Box; Apt. / Suite #; City; State; Zip	p Code	
_			
additional pages			
	GO TO P	AGF 2	
	33.3.		

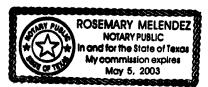
## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dr. Eugene Finke			15 ACCOUNT # (Ethics Commission filers) 4321				
16 NOTICE FROM	have been made with	les political expenditures by political committees to support the cand tout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures					
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
additional pages	additional pages  COMMITTEE CAMPAIGN TREASURER ADDRESS						
17 NO REPORTABLE ACTIVITY	Check here if no re	Check here if no reportable activity occured during this reporting period. (Sign affidavid below and submit pages 1 and 2 only.)					
18 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 9775.00						
EXPENDITURE TOTALS							
	4. TOTAL POLITICAL EXPENDITURES \$ 7451.96						
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0.00				
40 ACCIDANT							

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

			14		
The Instruction Guide explains how to complete this form.		Total pages this 3/9	1 Total pages this report: 3/9		
2 FILER NAM Dr. Eugen			3 ACCOUNT # 4321	(Ethics Commission filers)	
4 Date	5 Full name of contributor  out-of-state PAC(ID#_Elsy Bush	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
04/22/2003	<b>6</b> Contributor address; City; State; Zip Code 5768 Kingsfield		100.00		
	El Paso TX 79912				
9 Principal occupation (Optional) 10 Employer (Optional)		al)			
Date	Full name of contributor  uut-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/21/2003	Contributor address; City; State; Zip Code PO Box 26808		1000.00		
	El Paso TX 79926	_			
Principal occup	pation (Optional)	Employer (Optiona	ai)		
Date	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/09/2003	Contributor address; City; State; Zip Code 5640 Montana Suite D El Paso TX 79925		250.00		
Principal occup	pation (Optional)	Employer (Optiona	ional)		
Date	Full name of contributor  out-of-state PAC(ID# Out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/14/2003	Contributor address; City; State; Zip Code 1711 N. Kansas		100.00		
	El Paso TX 79902				
Principal occup	ation (Optional)	Employer (Optiona	1)		
Date	Full name of contributor  ut-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
04/09/2003	Contributor address; City; State; Zip Code 6461 Via Aventura		250.00		
	El Paso TX 79912				
Principal occupa	ation (Optional)	Employer (Optional	)		
	L.				

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form.		1 Total pages this 4/9	report:	
2 FILER NAME Dr. Eugene Finke		3 ACCOUNT # 4321	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/17/2003	6 Contributor address; City; State; Zip Code 444 Executive Center Blvd		350.00	
	El Paso TX 79902			
9 Principal occu	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2003	Contributor address; City; State; Zip Code 747 E. San Antonio Suite 103 El Paso TX 79901		5000.00	
Principal occup	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor  out-of-state PAC(ID# El Paso Sheriff's Officers Assoc.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2003	Contributor address; City; State; Zip Code 747 E. San Antonio		250.00	
	El Paso TX 79901			
Principal occupation (Optional)		Employer (Optional)		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2003	Contributor address; City; State; Zip Code 5006 Montoya		200.00	
	El Paso TX 79922		ļ	
Principal occup	ation (Optional)	Employer (Optiona	1)	
Date	Full name of contributor  ut-of-state PAC(ID# Jobe PAC	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/09/2003	Contributor address; City; State; Zip Code #1 McKelligon Canyon Rd		500.00	
	El Paso TX 79930		i I	
Principal occupation (Optional)		Employer (Optiona	<u></u>	
	<u> </u>			

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

Piller NAME   Dr. Eugene Finke	The Instruction Guide explains how to complete this form.		1 Total pages this report: 5/9		
James Jones  04/07/2003 6 Contributor address; 516 Queretaro Dr. El Paso TX 79912  Principal occupation (Optional)  Date   Full name of contributor   out-of-state PAC(ID#   Other Manuscription (if applicable place)   Deboral Kastrin   Other Manuscription (if applicable place)   Other M				3 ACCOUNT#	(Ethics Commission filers)
S16 Queretaro Dr.     El Paso TX 79912     10 Employer (Optional)	Date		)		8 In-kind contribution description (if applicable
Principal occupation (Optional)  Date   Full name of contributor   out-of-state PAC(ID#	04/07/2003			100.00	 
Date   Full name of contributor   out-of-state PAC(ID#		El Paso TX 79912			[ 
Deborah Kastrin  O4/08/2003  Contributor address; 2 City; State; Zip Code	Principal occi	upation (Optional)	10 Employer (Option	nal)	<del></del>
04/08/2003         Contributor address; 3940 Flamingo EI Paso TX 79902         City; State; Zip Code         500.00         500.00           Principal occupation (Optional)         Employer (Optional)           Date         Full name of contributor Charles Mansour         Contributor address; City; State; Zip Code         100.00         In-kind contribution description (if applicable	Date		)		In-kind contribution description (if applicable
Principal occupation (Optional)  Date	04/08/2003	Contributor address; City; State; Zip Code		500.00	
Date Full name of contributor Ocharles Mansour Out-of-state PAC(ID#		El Paso TX 79902			
Charles Mansour  Contributor address; City: State; Zip Code 100.00  Principal occupation (Optional)  Date Full name of contributor Deane Miller  O4/14/2003 Contributor address; City: State; Zip Code 1 Silent Crest EI Paso TX 79902  Principal occupation (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  Employer (Optional)  O4/14/2003 Contributor address; City: State; Zip Code 1 Silent Crest EI Paso TX 79902  Principal occupation (Optional)  Date Full name of contributor Optional Out-of-state PAC(ID#	Principal occu	pation (Optional)	Employer (Option	nal)	
Contributor address; 1207 N. Brown El Paso TX 79902  Principal occupation (Optional)  Date Full name of contributor Deane Miller  O4/14/2003 Contributor address; 1 Silent Crest El Paso TX 79902  Principal occupation (Optional)  Employer (Optional)  Amount of contribution (\$) In-kind contribution description (if applicable for the part of th	Date		)		In-kind contribution description (if applicable)
Principal occupation (Optional)  Date  Full name of contributor Deane Miller  O4/14/2003  Contributor address; City; State; Zip Code Islient Crest El Paso TX 79902  Principal occupation (Optional)  Date  Full name of contributor Deane Miller  Full name of contributor Deane Miller  O4/08/2003  Contributor address; City; State; Zip Code Islient Crest City; State; Zip Code Contributor Deane Miller  O4/08/2003  Contributor Crest Deane Miller  City; State; Zip Code City: State; Zip Code Contribution (\$)  Contribution (\$)  Contribution (\$)  Contributor address; City; State; Zip Code T55 Fairway  EL Paso TX 79922	04/21/2003	Contributor address; City; State; Zip Code		100.00	
Date Full name of contributor Deane Miller Out-of-state PAC(ID#) Amount of contribution (\$) In-kind contribution (if applicable of contribution (\$) In-kind contribution (if applicable of contribution (\$) In-kind contribution (if applicable of contribution (\$) In-kind contribution (\$) In-k		El Paso TX 79902			
Deane Miller  O4/14/2003  Contributor address; City; State; Zip Code 1 Silent Crest El Paso TX 79902  Principal occupation (Optional)  Date  Full name of contributor out-of-state PAC(ID#	Principal occu	pation (Optional)	Employer (Option	al)	
1 Silent Crest El Paso TX 79902  Principal occupation (Optional)  Date S.A. Safi  Contributor address; City; State; Zip Code 755 Fairway EL Paso TX 79922  Employer (Optional)  Amount of contribution (\$)  Amount of contribution (\$)  250.00	Date	<u> </u>	)		In-kind contribution description (if applicable)
Principal occupation (Optional)  Date Full name of contributor out-of-state PAC(ID#	04/14/2003	1		500.00	
Date Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$) In-kind contribution description (if applicable of the contribution (\$) Contributor address; City; State; Zip Code 755 Fairway  EL Paso TX 79922		El Paso TX 79902		!	
S.A. Safi  O4/08/2003 Contributor address; City; State; Zip Code 250.00  EL Paso TX 79922	Principal occup	pation (Optional)	Employer (Optiona	al)	
755 Fairway EL Paso TX 79922	Date	<u> </u>	)		In-kind contribution description (if applicable)
	04/08/2003			250.00	
Principal occupation (Optional) Employer (Optional)		EL Paso TX 79922		! 	
	Principal occup	nation (Optional)	Employer (Optiona	ıl)	

## POLITICAL CONTRIBUTIONS

ate 04/2003		10 Employer (Option	Amount of contribution (\$)	
04/2003 cipal occupa ate 04/2003	Dr. Haroutioun Shahinian  6 Contributor address; City; State; Zip Code 1700 N. Oregon Suite 520 El Paso TX 79902 ation (Optional)  Full name of contributor  ut-of-state PAC(ID#_ Robert Wittnebel  Contributor address; City; State; Zip Code 300 Shadow Mtn #904 El Paso TX 79912	10 Employer (Option	7 Amount of contribution (\$) 75.00  Amount of contribution (\$)  200.00	description (if applicable)
ate 04/2003	1700 N. Oregon Suite 520 El Paso TX 79902 ation (Optional)  Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable
ate 04/2003	Full name of contributor  out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable
04/2003	Robert Wittnebel  Contributor address; City; State; Zip Code 300 Shadow Mtn #904 El Paso TX 79912		contribution (\$) 200.00	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code 300 Shadow Mtn #904 El Paso TX 79912			
ipal occupa	ttion (Optional)	Employer (Option	I aal)	

Texas Ethics Co	mmission P.O.Box 12070 Austin, Texas	s 78711-2070	(512)463-58	300 <u>1-800-325-850</u>
POLIT	ICAL EXPENDITURES			SCHEDULE F
The Instruct	TION GUIDE explains how to complete this form.	- 10-1	1 Total pages repo	rt:
2 FILER NAM Dr. Eugene			3 ACCOUNT # 4321	(Ethics Commission filers)
4 Date	5 Payee name		7	Amount
04/07/2003	Bench Ads of El Paso		1	(\$) 204.00
	6 Payee address; City; State; Zip Code 6006 N. Mesa	e		<b>25</b> 2
	El Paso TX 79912			
8 Purpose of ex information re- Advertising	penditure (See instructions regarding type of quired.)	9 Complete if direct expe Candidate / Officeholder no		
Date	Payee name	. 1		Amount
04/09/2003	Bills Printing			(\$)
0 11 00. = 000				983.42
	Payee address; City; State; Zip Code 126 Shadow Mtn Drive	}		
	El Paso TX 79912			
Purpose of exp information red Printing	penditure (See instructions regarding type of quired.)	Complete if direct expe Candidate / Officeholder na		
Date	Payee name	- L		Amount
04/18/2003	Davids Pennants and Banners			(\$) 568.31
	Payee address; City; State; Zip Code			000.01
	тх			
Purpose of exp information req Campaign Sig	,	Complete if direct exper Candidate / Officeholder nar		
Date	Payee name			Amount
04/09/2003	El Paso Inc			(\$) 275.00
ŀ	Payee address; City; State; Zip Code			<b>—. •</b>
	120 Porfirio Diaz			
	El Paso TX 79902			
Purpose of expering information requestions Advertising	enditure (See instructions regarding type of uired.)	Complete if direct expen Candidate / Officeholder nar		

## **POLITICAL EXPENDITURES**

#### SCHEDULE F

The Instructi	ION GUIDE explains how to complete this form.		1 Total pages 8/9	report:
2 FILER NAM Dr. Eugene			3 ACCOUN 4321	T # (Ethics Commission filers)
information red	6 Payee address; City; State; Zip Code 120 Porfirio Diaz El Paso TX 79902 penditure (See instructions regarding type of	9 Complete if direct experience of Candidate / Officeholder n		7 Amount (\$) 550.00
Advertising				1
Date 04/14/2003	Payee name  H & H Mailing  Payee address; City; State; Zip Code  9020 Mayflower  El Paso TX 79925			Amount (\$) 694.15
Purpose of exp information req Postage and		Complete if direct expe Candidate / Officeholder na		fit C/OH •• Office held
Date 04/10/2003	Payee name  Labor Ready  Payee address; City; State; Zip Code  PO Box 676412  Dallas TX 75267			Amount (\$) 600.00
Purpose of exp information req Campaign lab	·	Complete if direct expe Candidate / Officeholder na		it C/OH " " ffice sought Office held
Date 04/23/2003	Payee name  Scorpion Sales  Payee address; City; State; Zip Code  TX			Amount (\$) 80.50
Purpose of expe information requ	enditure (See instructions regarding type of uired.)	Complete if direct exper Candidate / Officeholder na		t C/OH ** fice sought Office held

Texas Ethics Cor	mmission P.O.Box 12070 Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-850
POLIT	ICAL EXPENDITURES			SCI	HEDULE <b>F</b>
The Instructi	ON GUIDE explains how to complete this form.		1 Total page: 9/9	s report:	
2 FILER NAMI Dr. Eugene	<del>-</del>		3 ACCOUR 4321	NT # (Ethics	Commission filers)
4 Date 04/14/2003	5 Payee name Target Marketing			7	Amount (\$) 1015.00
	6 Payee address; City; State; Zip Code 17748 Sky Park Circle Irvine CA 92614				
Purpose of exp information rec Marketing Ex		9 Complete if direct expe Candidate / Officeholder n		efit C/OH ** Office sought	Office held
Date	Payee name				Amount (\$)
04/14/2003	US Postmaster Payee address; City; State; Zip Code				2419.04
	El Paso TX 79999				
Purpose of exp information req Postage	enditure (See instructions regarding type of uired.)	Complete if direct expe Candidate / Officeholder na		fit C/OH Office sought	Office held